

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2826

FILED FEB 3 1950

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 801

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>ST. LOUIS</u> <u>2169</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1720 N. WHITTIER ST</u>		d. STREET ADDRESS (If rural, give location) <u>1720 N. WHITTIER ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPHINE</u> b. (Middle) <u>—</u> c. (Last) <u>MORGAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 22 1950</u>	
5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-19-1878</u>
9. AGE (In years last birthday) <u>71</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOMESTIC</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE (In years last birthday) <u>71</u> 11. BIRTHPLACE (State or foreign country) <u>ALTON, ILLINOIS</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOMESTIC</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>ALTON, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>1</u>
13a. FATHER'S NAME <u>GEORGE MARTIN</u>		13b. MOTHER'S MAIDEN NAME <u>—</u>	
14. NAME OF HUSBAND OR WIFE <u>JAMES MORGAN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Morgan</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>—</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>Jan. 18, 1950</u> , to <u>Jan. 22, 1950</u> that I last saw the deceased alive on <u>Jan. 21, 1950</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. S. H. Clark, M.D.</u>		23b. ADDRESS <u>2748 a Franklin</u>	
23c. DATE SIGNED <u>1-23-50</u>		24. LOCATION (City, town, or county) (State) <u>ST. LOUIS CITY MO</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-26-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PARK CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CITY MO</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>A. F. WALTON</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. F. WALTON</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>2707 STODDARD ST.</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>2707 STODDARD ST.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Arthur L. Hubbard

Licensed Embalmer No. *4221*

P. O. Address *4049 St. Ferdinand*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.